

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC

☐ CLEC

☐ ILEC

☒ Wireless

247182
2013-12-A

CERTIFICATED COMPANY INFORMATION

SC LIFELINE INC	
Company Name	FEIN/SSN
SC	803-255-0004
Db/a/fka	Telephone #
PO BOX 8639	
Mailing Address	
COLUMBIA SC 29202-8639	
City, State, Zip Code	
2101 MAIN STREET SUITE J	
Business Location	
COLUMBIA SC 29201	RICHLAND
City, State, Zip Code	County

REGISTERED AGENT INFORMATION

Registered Agent:	NRAI CORPORATE SERVICES, INC
Mailing Address:	2875 MILITARY DRIVE STE 100
	IRVINE CA 92606
City, State, Zip Code	

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- CHARLES SIZEMORE**
- A. **General Manager** (Include Address if different than above)
 803-363-1666 / 866-333-1984 / csizemore@clear-talk.net
 Telephone Number / Facsimile Number / E-mail Address
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
 Telephone Number / Facsimile Number / E-mail Address
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)
 Telephone Number / Facsimile Number / E-mail Address
 888-677-7795
- C2. **Customer Contact (Toll Free Number)**
 JIGNEST PATRICK
- D. **Engineering Operations** (Include Address if different than above)
 803-363-1802 / 866-333-1984 / jpatrick@clear-talk.net
 Telephone Number / Facsimile Number / E-mail Address
- E. **Test and Repair** (Include Address if different than above)
 803-363-3325 / 866-333-1984 / jayb@clear-talk.net
 Telephone Number / Facsimile Number / E-mail Address
- F. **Emergencies** (During Non-Office Hours)
 803-363-1666 / 866-333-1984 / csizemore@clear-talk.net
 Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. ADELE STEWART
Regulatory Officer (Include Address if different than above)
803.363.1389 / 866.333.1984 / astewart@cheatalk.net
Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings (Name)**

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings (Name)**

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

J. **Universal Service Fund Mailings (Name)**

SC LIFELINE ATTN ADELE STEWART
PO BOX 8639 COLUMBIA SC 29202

(Mailing Address)

803.255.0004 / 866.333.1984 / astewart@cheatalk.net
Telephone Number / Facsimile Number / E-mail Address

K. **Gross Receipts Mailings (Name)**

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

L. **Lifeline Mailings (Name)**

(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

ADELE STEWART
This form was completed by
BUSINESS MANAGER
Title

[Signature]
Signature
11/24/2013
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201